

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Buffalo Pump, Inc
874 Oliver Street
North Tonawanda, NY 14200

A. Signature

X Michael J. Smith

Agent
 Addressee

B. Received by (Printed Name)

Michael J. Smith

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

2007CV607

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes2. Article Number
(Transfer from service label)

7003 3110 0004 0799 4691

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540